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Bib Data Sheet

CONFIRMATION NO. 7944

<b>SERIAL NUMBER</b> 09/881,709	<b>FILING DATE</b> 06/18/2001 <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 2183	<b>ATTORNEY DOCKET NO.</b> 209807US
<b>APPLICANTS</b> Mikael Floven, Stockholm, SWEDEN; Johan Lidman, Stockholm, SWEDEN;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/212,363 06/19/2000 <i>qu. n.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>qu. n.</i> SWEDEN 0002315-0 06/19/2000 SWEDEN 0100564-4 02/19/2001				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/09/2001</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>4/4/04</i> <i>qu. n.</i> <i>qu. n.</i> Verified and <i>qu. n.</i> Acknowledged <i>qu. n.</i> <i>qu. n.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 30
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 22850				
<b>TITLE</b> System and method for individually adapted training				
<b>FILING FEE RECEIVED</b> 1434	<b>FEES: Authority has been given in Paper</b> No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	